

Joint Standing Committee on Health and Human Services

PUBLIC 467 An Act To Establish a Maternal and Infant Death Review Panel LD 1420

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PINGREE	OTP-AM MAJ	H-728
MARTIN	ONTP MIN	H-739 PINGREE

Public Law 2005, chapter 467 establishes the maternal and infant death review panel within the Department of Health and Human Services. The law allows contact with the parents or authorized representative of a deceased person more than 4 months after the death. The law requires the maternal and infant death review panel to offer a copy of its annual report to parents and authorized representatives that consent to participate in the review.

PUBLIC 480 An Act To Amend Certain Requirements in the ASPIRE-TANF Program LD 1746

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN	OTP	
O'BRIEN		

Public Law 2005, chapter 480 clarifies that participants in the Parents as Scholars Program are not limited to a maximum of 24 months of education, training and treatment in the ASPIRE-TANF program. It eliminates several outdated provisions in the statute as well.

PUBLIC 481 An Act To Set a Maximum on Penalties Imposed for Licensing Violations by Eating Establishments, Eating and Lodging Places, Lodging Places, Recreational Camps or Camping Areas LD 1753

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
COWGER	OTP	

Public Law 2005, chapter 481 sets a maximum amount of \$500 on the penalty that may be imposed by the Department of Health and Human Services on any eating establishment, eating and lodging place, lodging place, recreational camp or camping area that operates without the required license upon a second or subsequent adjudication of unlicensed operation. Prior to the enactment of this law there was a minimum fine but no maximum fine.

PUBLIC 483 An Act To Amend the Laws Governing the Burial or Cremation of Certain Persons LD 1036

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAYO	OTP-AM	S-456
BARSTOW		

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Public Law 2005, chapter 483 changes to 3 business days the time period in which a funeral director must notify the overseer of a municipality of the death of a person eligible for general assistance, changes the time period for the overseer to decide on an application for burial or cremation costs to 8 days and removes the proposed changes to the relatives responsible for paying for burial or cremation.

PUBLIC 521 An Act To Amend the Laws Governing Permanency Guardians LD 1852

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
PINGREE	OTP-AM	H-817

Public Law 2005, chapter 521 provides that a permanency guardian's resources and income are not counted in determining eligibility for any public benefit to which the child who is the subject of the guardianship may be entitled. It specifies that the guardianship subsidy will not be counted as resources or income for eligibility for public benefits for the child except as required by federal law or regulation and inserts the federal exception into the law on eligibility for benefits for the guardian. It also provides that the District Court may appoint a permanency guardian in a proceeding pending on September 17, 2005 or commenced on or after September 17, 2005, which is the effective date of the law governing permanency guardians. It also provides that the Department of Health and Human Services may provide a guardianship subsidy to a child who is the subject of a child protection proceeding pending on September 17, 2005 or commenced on or after that date.

PUBLIC 522 An Act To Expand the Alternative Aid Program LD 1854

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
WEBSTER MAYO	OTP-AM	H-820

Public Law 2005, chapter 522 increases the availability of alternative aid assistance under the Temporary Assistance for Needy Families (TANF) program from a benefit available once-in-a-lifetime to a benefit that can be accessed annually. Under the law, eligible applicants may receive alternative aid assistance once during any 12-month period in order to obtain or retain employment instead of receiving monthly TANF payments. The law also clarifies that the eligibility criteria is set forth in the department's rules and the value of the aid cannot exceed 3 times the value of monthly TANF benefit for which the applicant's family is eligible.

PUBLIC 530 An Act To Update Licensing and Certification Requirements for Child Care Facilities and Family Child Care Providers LD 1887

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SIMPSON MAYO	OTP-AM	H-813 H-884 PINGREE

Public Law 2005, chapter 530 updates terminology and definitions related to child care facilities and family child care in the Department of Health and Human Services' licensing and certification statutes. It repeals the requirement that the department distribute a brochure explaining the difference between home day care and home baby-sitting services, adds family child care providers to the group of child care providers that must comply with lead hazard screening requirements and clarifies the circumstances under which a provider is not

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required to be certified. It also specifies that routine technical rulemaking procedures apply only to the changes required by this law and requires that the rule changes be completed by October 1, 2006.

PUBLIC 565 An Act To Amend the Maine Health Data Organization and Maine Health Data Processing Center Laws LD 1760

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAYO	OTP-AM MAJ	S-515
MILLER	OTP-AM MIN	

Public Law 2005, chapter 565 specifies that, under the Maine Health Data Organization laws, dental service policies are not considered limited benefit health insurance policies and are subject to the permanent funding assessment. It allows the Maine Health Data Processing Center to receive and process claims from entities outside the State, specifies how the net earnings of the center must be distributed and requires the Maine Health Data Organization board of directors to report those net earnings each year. It also increases the fine from \$250,000 to \$500,000 for a person who receives and uses data of the Maine Health Data Organization for commercial advantage, pecuniary or personal gain or malicious harm.

PUBLIC 581 An Act To Amend the Law Regarding Smoking in Private Clubs LD 1901

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
GROSE	OTP-AM	H-830
		S-537 MAYO

Public Law 2005, chapter 581 amends the law that allows smoking in private clubs if a majority of members votes to allow smoking by changing the voting requirement to a majority of ballots received.

It allows smoking in qualifying clubs if a majority of all valid ballots cast by members and received by a qualifying club are in favor of smoking. This is a change from current law, which in order to allow smoking requires a vote in favor of smoking by a majority of all members. The law sets certain standards for the vote, including a 30-day notice, absentee ballots and notification to the Maine Center for Disease Control and Prevention. The law directs the Maine Center for Disease Control and Prevention to adopt rules and designates those rules as major substantive rules. The law provides transition provisions for qualifying clubs that conducted votes in favor of smoking prior to August 1, 2006.

See the Errors Bill, LD 2055, Part F, changing the August dates in the law to September.

PUBLIC 588 An Act To Establish Guidelines and Criteria for Audits Conducted LD 1951
EMERGENCY by the Department of Health and Human Services

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TARDY	OTP-AM	H-933

Public Law 2005, chapter 588 changes some of the practices governing audits of health care providers and other community services conducted by the Department of Health and Human Services. The law requires the

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department to apply revised audit interpretations prospectively and to post final audit interpretations or decisions on the department's website. It requires the department to amend its rules governing reimbursement, contracting, grants, payments, cost reports and audits by December 15, 2006. It provides criteria that the department's audit staff must consider when determining the reasonableness of costs, including employee compensation and benefits costs, as well as new time frames for informal review decisions and appeals. It requires the department to study the methods of cost reimbursement and to report the findings and make recommendations to the Joint Standing Committee of Health and Human Services by January 1, 2007. It also requires studies on the timing of audits and providers' training and technical assistance needs and requires the Department of Health and Human Services to report the findings and make recommendations to the Joint Standing Committee on Health and Human Services by January 15, 2008. It allows the committee to report out legislation to accomplish the recommendations of the reports.

Public Law 2005, chapter 588 was enacted as an emergency measure effective April 14, 2006.

PUBLIC 589 An Act Regarding Prescription Drug Information Intermediaries LD 1992

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAYO PINGREE	OTP-AM	S-549

Public Law 2005, chapter 589 prohibits a prescription drug information intermediary from selling or exchanging for value prescription drug information that identifies directly or indirectly an individual who is the subject of the prescription drug information. It designates a violation of this Act as a violation of the Maine Unfair Trade Practices Act. The law also requires drug manufacturers who pay the fee for state oversight of prescription drug and clinical trial information to pay that fee to the State. Current law requires that fee to be paid to the Department of Health and Human Services. The law does not change or add to the fee.

PUBLIC 610 An Act To Increase Consumer Awareness of Prescription Drug Pricing LD 1987

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAKAS MAYO	OTP-AM MAJ ONTP MIN	H-965 S-587 MAYO

Public Law 2005, chapter 610 requires a pharmacist or person acting at the direction of a pharmacist to provide usual and customary price information to consumers and, if reasonably obtainable, the price applicable to the consumer. The law directs a pharmacy to post a notice about the availability of price information and requires a pharmacy to give consumer price information in person or on the telephone. The law also directs the Governor's Office of Health Policy and Finance and the Department of Health and Human Services, Office of Elder Services to convene a working group to discuss consumer access to prescription drug information and to post on the Internet basic prescription drug information.

PUBLIC 615 An Act To Facilitate the Maine Quality Forum LD 2097

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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLER MAYO	OTP-AM	H-1077

Public Law 2005, chapter 615 allows a limited public records exception for practitioner-specific data used or maintained by the Maine Quality Forum. It keeps the data confidential until it is determined to be complete and accurate by the director of the Maine Quality Forum, at which time the data becomes available for public inspection.

PUBLIC 628 **An Act To Address Potential Shortages of Influenza Immunizing** **LD 2106**
EMERGENCY **Agents in Maine**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	

Public Law 2005, chapter 628 requires influenza vaccine manufacturers and distributors to report information on the distribution of flu vaccines within the state to the Department of Health and Human Services. It provides a public records exception, which makes the information reported to the department confidential. It allows the department to release the information to certain entities under certain circumstances to facilitate access to the vaccines by Maine residents.

Public Law 2005, chapter 628 was enacted as an emergency effective May 4, 2006.

PUBLIC 640 **An Act To Change the Child Care Facility Licensing Laws** **LD 359**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
DUPREY	OTP-AM	H-346 S-662 ROTUNDO

Public Law 2005, chapter 640 requires that a license for a child care facility, family child care provider, or nursery school be issued for a 2-year term, that the Department of Health and Human Services make at least one unannounced inspection within the 2-year license term and that beginning January 1, 2007, the license fees are doubled.

PUBLIC 648 **An Act Regarding Continuing Improvements in the MaineCare** **LD 1757**
EMERGENCY **Program**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MAYO WALCOTT	OTP-AM	S-547

Pubic Law 2005, chapter 648 authorizes the Department of Health and Human Services to adopt rules with retroactive application to increase provider reimbursement in order to ensure access to covered medically

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necessary services for MaineCare members. The law also repeals the repeal date of July 1, 2006 on the authority of the department to adopt rules with retroactive application.

The law directs the MaineCare Advisory Committee to review the report of the Blue Ribbon Commission on the Future of MaineCare with the goal of identifying initiatives for continuing improvement and monitoring changes in the federal Medicaid program and directs the committee to report to the Joint Standing Committee on Health and Human Services any recommendations for legislation or rulemaking in an initial report by September 1, 2006 and a final report by January 1, 2007.

Public Law 2005, chapter 648 was enacted as an emergency measure effective May 30, 2006.

PUBLIC 670 An Act To Establish the Hospital and Health Care Provider Cooperation Act

LD 2110

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM MAJ	S-654
	ONTP MIN	

Public Law 2005, chapter 670 repeals the Hospital Cooperation Act of 1992. It enacts the Hospital and Health Care Provider Cooperation Act to provide a mechanism that hospitals and health care providers may use to provide state action immunity under federal antitrust laws when hospitals enter into cooperative agreements with other hospitals and health care providers enter into cooperative agreements with other health care providers. The law prohibits issuing to health care providers a certificate of public advantage for a cooperative agreement that allows coordinated negotiation and contracting with payors or employers unless the negotiation and contracting are ancillary to clinical or financial integration. This prohibition is not intended to preclude consideration of whether clinical or financial integration is necessary to demonstrate that likely benefits outweigh likely disadvantages for the issuance of a certificate of public advantage with respect to a cooperative agreement for coordinated negotiation and contracting filed by hospitals. The law requires a public hearing on the application for a certificate of public advantage if 5 or more persons request a hearing and requires a record of the hearing to be kept as part of the public record of the application. The law sets the application fees for hospital and health care provider applications for certificates of public advantage. The law maintains the same assessments as are in the current Hospital Cooperation Act of 1992.

The law requires that the Department of Health and Human Services to report by April 1, 2007 and January 1, 2008 to the joint standing committee of Legislature having jurisdiction over health and human services matters on the experience of the department in administering the Hospital and Health Care Provider Cooperation Act.

The law includes an application clause to apply the new law to agreements entered into on or after June 1, 2006.

PUBLIC 672 An Act To Create the Maine Asthma and Lung Disease Research Fund

LD 904

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MARTIN	OTP-AM	S-294
		S-681 ROTUNDO

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Public Law 2005, chapter 672 establishes the Maine Asthma and Lung Disease Research Fund in the Department of Health and Human Services, Bureau of Health to provide grants for research into the health effects of indoor and outdoor air pollution and the prevention, causes, treatment and cure of lung diseases such as asthma, emphysema and chronic obstructive pulmonary disease. The funding source of the fund is a voluntary checkoff on the individual income tax form that allows a taxpayer to donate a portion of a tax refund or make a donation with the tax return.

The application date is tax years beginning on and after January 1, 2006. The Commissioner of Administrative and Financial Services is directed to seek outside funds to support the fiscal year 2006-07 start-up costs of the Maine Asthma and Lung Disease Research Fund income tax checkoff. The law becomes effective 90 days after the commissioner certifies that the necessary funds have been received.

PUBLIC 680 An Act Regarding Access to Mental Health Services

LD 1183

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN DUDLEY	OTP-AM	S-279 S-665 ROTUNDO

Public Law 2005, chapter 680 allows the Department of Health and Human Services to increase the maximum number of visits for psychological services benefits for individual and group counseling for which a member is eligible under MaineCare Basic from 16 to 24 visits per year, if the costs associated with the increase are offset by savings from managing the use of services.

P & S 65 An Act To Increase Wheelchair Van Services Reimbursement Rates

LD 1914

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
TUTTLE	OTP-AM	H-871 S-687 ROTUNDO

Private and Special Law 2005, chapter 65 directs the Department of Health and Human Services to increase the reimbursement rates for wheelchair van services. It appropriates from the General Fund for fiscal year 2006-07 \$50,000 and allocates matching federal funds.

RESOLVE 139 Resolve, Regarding Comprehensive Community Health Coalitions **EMERGENCY**

LD 1614

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROSEN R PINGREE	OTP-AM	S-455

Resolve 2005, chapter 139 requires the Department of Health and Human Services to recognize and partner with comprehensive community health coalitions. The resolve directs the Public Health Work Group created under the State Health Plan to form 2 subcommittees to work on core competencies, functions and performance standards for comprehensive community health coalitions and to inventory resources and develop a plan to

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integrate some funding sources to support the public health priorities and functions identified in the State Health Plan. The resolve requires state agency members of one subcommittee to determine how to integrate the core competencies, functions and performance standards into the work and funding decisions of their agencies. The resolve requires reporting to the Joint Standing Committee on Health and Human Services and the Public Health Work Group by the subcommittees and requires the Public Health Work Group to report to the Joint Standing Committee on Health and Human Services by January 1, 2007.

Resolve 2005, chapter 139 was passed as an emergency measure effective March 17, 2006.

RESOLVE 147 Resolve, Directing the Department of Health and Human Services LD 1555
To Review How It Handles Services Provided to Persons with
Developmental Disabilities and Mental Retardation

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LERMAN	OTP-AM	H-815
NASS R		

Resolve 2005, chapter 147 relates to providers of services to persons with developmental disabilities and mental retardation. This resolve requires the Department of Health and Human Services to post provider payment interpretations on the Internet, to develop a medication administration curriculum and to determine whether cost-of-living adjustments will be included in the department's budget request that is submitted to the Governor.

RESOLVE 148 Resolve, Regarding Hospital Free Care Guidelines LD 846

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LERMAN	OTP-AM	H-816

Resolves 2005, chapter 148 directs the Department of Health and Human Services to amend its rules on hospital free care guidelines by October 1, 2006 to provide for eligibility for free care for persons below 150% of the federal nonfarm income official poverty line.

RESOLVE 149 Resolve, Directing the Commissioner of Health and Human LD 1707
Services To Develop Strategies To Keep Senior Citizens Safe from
Falls

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
CAMPBELL	OTP-AM	H-814
COURTNEY		

Resolve 2005, chapter 149 directs the Commissioner of Health and Human Services to appoint a statewide Falls Prevention Coalition that is responsible, under the direction of Department of Health and Human Services, Office of Elder Services, for reviewing health costs associated with falls and for assessing strategies for preventing falls along with associated costs of implementing the strategies. It directs the coalition to submit a report by November 2, 2006 to the Joint Standing Committee on Health and Human Services that includes findings and recommendations along with suggestions for legislation.

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RESOLVE 150 Resolve, Regarding Substance Abuse Treatment Services

LD 1875

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
MILLETT	OTP-AM MAJ	H-818
HASTINGS	OTP-AM MIN	
	ONTP MIN	

Resolves 2005, chapter 150 requires the Department of Health and Human Services, Office of Substance Abuse to amend its rules for opioid treatment programs to require more counseling at the beginning of treatment and less as treatment progresses, to require an opportunity for public input in the relicensing process and to require consideration of treatment needs in the licensing process.

RESOLVE 152 Resolve, Regarding Legislative Review of Portions of Chapter 113: EMERGENCY Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level IV, a Major Substantive Rule of the Department of Health and Human Services

LD 2004

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	

Resolve 2005, chapter 152 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level IV, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 152 was passed as an emergency measure effective March 30, 2006.

RESOLVE 153 Resolve, Regarding Legislative Review of Portions of Chapter 113: EMERGENCY Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level II, a Major Substantive Rule of the Department of Health and Human Services

LD 2005

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	

Resolve 2005, chapter 153 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level II, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 153 was passed as an emergency measure effective March 30, 2006.

RESOLVE 154 Resolve, Regarding Legislative Review of Portions of Chapter 113:

LD 2003

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EMERGENCY **Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level III, a Major Substantive Rule of the Department of Health and Human Services**

<u>Sponsor(s)</u>		<u>Committee Report</u> OTP		<u>Amendments Adopted</u>
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Resolve 2005, chapter 154 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level III, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 154 was passed as an emergency measure effective March 30, 2006.

RESOLVE 155	Resolve, Regarding Legislative Review of Portions of Chapter 113:	LD 2008
EMERGENCY	Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level I, a Major Substantive Rule of the Department of Health and Human Services	

<u>Sponsor(s)</u>		<u>Committee Report</u> OTP		<u>Amendments Adopted</u>
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Resolve 2005, chapter 155 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs - Private Non-Medical Institutions Level I, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 155 was passed as an emergency measure effective March 30, 2006.

RESOLVE 156	Resolve, Regarding Legislative Review of Portions of Chapter 113:	LD 2006
EMERGENCY	Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV Residential Care Facilities, a Major Substantive Rule of the Department of Health and Human Services	

<u>Sponsor(s)</u>		<u>Committee Report</u> OTP		<u>Amendments Adopted</u>
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Resolve 2005, chapter 156 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level IV Residential Care Facilities, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 156 was passed as an emergency measure effective March 30, 2006.

RESOLVE 157	Resolve, Regarding Legislative Review of Portions of Chapter 113:	LD 2011
EMERGENCY	Regulations Governing the Licensing and Functioning of Assisted	

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Housing Programs: Level III Residential Care Facilities, a Major Substantive Rule of the Department of Health and Human Services

<u>Sponsor(s)</u>	<u>Committee Report</u> OTP	<u>Amendments Adopted</u>
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Resolve 2005, chapter 157 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level III Residential Care Facilities, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 157 was passed as an emergency measure effective March 30, 2006.

RESOLVE 158 EMERGENCY	Resolve, Regarding Legislative Review of Portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level II Residential Care Facilities, a Major Substantive Rule of the Department of Health and Human Services	LD 2010
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<u>Sponsor(s)</u>	<u>Committee Report</u> OTP	<u>Amendments Adopted</u>
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Resolve 2005, chapter 158 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level II Residential Care Facilities, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 158 was passed as an emergency measure effective March 30, 2006.

RESOLVE 159 EMERGENCY	Resolve, Regarding Legislative Review of Portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level I Residential Care Facilities, a Major Substantive Rule of the Department of Health and Human Services	LD 2009
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<u>Sponsor(s)</u>	<u>Committee Report</u> OTP	<u>Amendments Adopted</u>
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Resolve 2005, chapter 159 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Level I Residential Care Facilities, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 159 was passed as an emergency measure effective March 30, 2006.

RESOLVE 160 EMERGENCY	Resolve, Regarding Legislative Review of Portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Assisted Living Programs, a Major Substantive Rule of the Department of Health and Human Services	LD 2007
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	

Resolve 2005, chapter 160 provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Assisted Living Programs, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 160 was passed as an emergency measure effective March 30, 2006.

RESOLVE 161	Resolve, Regarding Effective Administration of the MaineCare Program	LD 444
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRENNAN PINGREE	OTP-AM	S-486

Resolves 2005, chapter 161 directs the Department of Health and Human Services to use claims and encounter data and its decision support system to evaluate the extent to which service limits under the MaineCare Basic program result in members obtaining additional services from alternative providers or in alternative settings. The resolve directs the department to confer with the MaineCare Advisory Committee and to report findings and recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 15, 2007.

RESOLVE 164	Resolve, To Preserve Patient Records	LD 1994
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
SMITH W BARTLETT	OTP-AM	H-882

Resolve 2005, chapter 164 directs the Department of Health and Human Services to amend the rules regarding licensing for general and specialty hospitals and ambulatory surgical facilities to require general public notice or notice to a patient when hospitals and facilities plan to destroy or purge images of a patient that were made using x rays, magnetic resonance imaging or computerized tomography. The resolve designates the rules as routine technical rules.

RESOLVE 165 EMERGENCY	Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Health Care Quality Data Sets, a Major Substantive Rule of the Maine Health Data Organization	LD 1982
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP-AM	H-881

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Resolve 2005, chapter 165 authorizes final adoption of portions of Chapter 270: Uniform Reporting System for Health Care Quality Data Sets, a major substantive rule of the Maine Health Data Organization. The rule change establishes quality metrics for healthcare associated infections and requires hospitals to report specific data related to these metrics.

Resolve 2005, chapter 165 was passed as an emergency measure effective April 4, 2006.

RESOLVE 166	Resolve, Regarding Legislative Review of Portions of Chapter 120:	LD 1976
EMERGENCY	Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization	

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	

Resolve 2005, chapter 166 authorizes final adoption of portions of Chapter 120: Release of Data to the Public, a major substantive rule of the Maine Health Data Organization related to the release of health care practitioner data. Resolve 2005, chapter 166 was enacted as an emergency with an effective date of April 4, 2006.

RESOLVE 185	Resolve, To Clarify Contingency Allowance under the Certificate	LD 1784
EMERGENCY	of Need Law	

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROSEN R	OTP-AM	S-548

Resolve 2005, chapter 185 directs the Department of Health and Human Services to revise or adopt rules as needed to provide for a contingency allowance of 5% to 8% depending on the type of project, as defined in the rules, in issuing a certificate of need. The contingency allowance may not be subject to an additional cap other than the applicable percentage and the department shall repeal the current cap of \$1,000,000. The law defines the related rules as routine technical rules.

Resolve 2005, chapter 185 was passed as an emergency measure effective April 13, 2006.

RESOLVE 186	Resolve, To Ensure Coordination and Effectiveness in the	LD 1701
	Provision of Services under the MaineCare Noncategorical Waiver	

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BRANNIGAN	OTP-AM	H-964

Resolve 2005, chapter 186 directs the Department of Health and Human Services to develop processes for tracking the number of mental health treatment sessions provided to noncategorical MaineCare members and to establish a prior authorization process to help manage the members' services so that the services are not exhausted within any given calendar year. It directs the department to establish criteria for clinical justification for allowing noncategorical MaineCare members to receive up to 24 visits, excluding visits for medication management, as long as any costs are offset by savings from managing the utilization of services through methods that may include prior authorization. It directs the department to develop systems to enable healthcare

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providers, with the noncategorical MaineCare members' permission, to identify the eligibility category of noncategorical members, the members' enrollment dates and the members' recertification dates in order to help the noncategorical members manage their benefits and receive the mental health treatment needed. It also directs the department to develop systems for transition planning for noncategorical members who for any reason leave the MaineCare program and to provide a priority reinstatement process for certain noncategorical members.

RESOLVE 188 Resolve, Directing the Department of Health and Human Services LD 1983
To Develop a Model for Community-based Therapeutic Living
Settings for Adults with Mental Illness

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS	OTP-AM	H-932
MAYO		

Resolve 2005, chapter 188 directs the Department of Health and Human Services to develop a model for a system of community-based therapeutic living settings for adults with mental illness.

It requires that the model grant priority to persons who previously lived in residential placements or in the Augusta Mental Health Institute. It requires the development of a per-unit comparison of residential placements with the assistance of the Office of Fiscal and Program Review. It requires a report no later than September 1, 2006.

RESOLVE 192 Resolve, To Improve Quality and Access to Mental Health Care LD 1973
Through the Development of a Joint Strategic Plan

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROSEN R	OTP-AM	S-569
PINGREE		

Resolve 2005, chapter 192 requires Maine's 4 mental health hospitals to jointly develop a comprehensive strategic plan for the provision of hospital-based mental health services.

The development of the plan is required to include 3 steps in the strategic planning process, each step gradually more inclusive. Assistance may be requested from the Office of Fiscal and Program Review. The resolve requires reporting to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the 2nd draft plan by January 15, 2007 and the final draft plan by March 15, 2007.

RESOLVE 194 An Act To Improve Retention, Quality and Benefits for Direct LD 1934
Care Health Workers

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EDMONDS	OTP-AM	S-568

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Resolve 2005, chapter 194 requires the Department of Health and Human Services to study options for, and cost of, increasing wages and providing health coverage for direct care workers in state-funded and MaineCare-funded long-term care programs.

The study includes a survey of former direct care workers to determine whether they would return to work if the pay were increased to \$10 per hour and a survey of organizations serving senior citizens to determine the level of interest of older persons in becoming direct care workers.

RESOLVE 195	Resolve, Regarding Legislative Review of Portions of Chapter 33:	LD 2064
EMERGENCY	Home Day Care Provider Rules, a Major Substantive Rule of the Department of Health and Human Services	

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	

Resolve 2005, chapter 195 provides for legislative review of portions of Chapter 33: Home Day Care Provider Rules, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 195 was passed as an emergency measure effective April 19, 2006.

RESOLVE 196	Resolve, Regarding Legislative Review of Portions of Chapter III,	LD 2062
EMERGENCY	Section 50: Intermediate Care Facilities for the Mentally Retarded, a Major Substantive Rule of the Department of Health and Human Services	

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
	OTP	

Resolve 2005, chapter 196 provides for legislative review of portions of Chapter III, Section 50: Intermediate Care Facilities for the Mentally Retarded, a major substantive rule of the Department of Health and Human Services.

Resolve 2005, chapter 196 was passed as an emergency measure effective April 19, 2006.

RESOLVE 199	Resolve, To Ensure the Availability of Consumer-directed Personal Assistance Services	LD 1991
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<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EDMONDS	OTP-AM	S-581
RICHARDSON J		S-600 MAYO

Resolve 2005, chapter 199 accomplishes the following.

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1. It directs the Commissioner of Health and Human Services and the Commissioner of Labor to adopt rules to increase rates of reimbursement for providers of consumer-directed personal care assistance services up to \$10 per hour rate of pay, depending on available funds.
2. It directs the Commissioner of Health and Human Services and the Commissioner of Labor to initiate a competitive bidding process to solicit bids from prospective providers of consumer-directed personal care assistance services.
3. It directs the Commissioner of Health and Human Services and the Commissioner of Labor to develop a plan and timeline to implement recommendations of the working group established pursuant to Public Law 2003, chapter 673 on consumer direction in Maine's long-term supportive services system, and to submit the plan and timeline to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Labor.
4. It requires the Commissioner of Health and Human Services and the Commissioner of Labor to conduct a survey of wages and benefits of personal care assistants, including those in programs for which funds are provided by the State, and to report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 1, 2007.
5. It requires the Department of Health and Human Services to submit an amendment to the Medicaid state plan for a program for personal assistance services for persons with physical disabilities.

RESOLVE 203 Resolve, Directing the Department of Health and Human Services LD 1995
To Amend Its Rules To Ensure Efficiencies in the Billing and
Delivery of Outpatient Clinical Services

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
BURNS	OTP-AM	H-1033
BRENNAN		H-1045 PINGREE

Resolve 2005, chapter 203 requires the Department of Health and Human Services, in implementing managed behavioral health care services and consistent with budgeted savings, to amend its rules to allow MaineCare reimbursement to outpatient behavioral health care clinical service providers who practice independently and who participate in the department's managed care initiative.

RESOLVE 213 Resolve, To Collect Information about Employer-based Health LD 1927
Coverage

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
EDMONDS	OTP-AM	S-580
CANAVAN		S-688 ROTUNDO

Resolve 2005, chapter 213 directs the Department of Labor to conduct a one-time limited survey project to collect and analyze information on employer-sponsored health coverage. The resolve allows a larger data collection effort if department funds are available. The resolve protects the confidentiality of information that directly identifies employers that is collected and generated for the survey by the Department of Labor and requires a report by February 1, 2007 to the joint standing committee of the Legislature having jurisdiction over

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health and human services matters, the joint standing committee of the Legislature having jurisdiction over insurance and financial affairs and the Board of Directors of Dirigo Health that presents the information in aggregate form and does not identify employers by name.